

APPLICATION FOR A PERMIT TO WITHDRAW WATER

Environmental and Public Protection Cabinet

14 Reilly Road

Division of Water

Frankfort, KY 40601

Action Desired (check one): ☐ New Permit
☐ Revision to Permit _____
Number

Division Use Only

Permit No. _____

Applicant Information

Name of Person or Organization Requesting Permit (This name will be on any permit resulting from this application.)

Street Address City State Zip Code

Standard Industrial Classification (SIC) Code

Permit Request

Why is this new permit /permit revision necessary? _____

If facility uses multiple sources of water, **complete one application form for each water source.**

If multiple sources are used, is this application for a primary _____ or secondary _____ source? (check one)

Date proposed water withdrawals would begin _____

If facility constructed _____ or proposed _____ ?

Amount of water facility wishes to withdraw on an average operational day in each month.

Give amounts the facility expects to use **in gallons per day**:

Jan. _____ April _____ July _____ Oct. _____

Feb. _____ May _____ Aug. _____ Nov. _____

Mar. _____ June _____ Sept. _____ Dec. _____

Maximum Daily Pumping Rate: _____

Please provide some detail regarding the proposed withdrawal amounts and the pumping schedule.

Please accurately complete the sections of this application that pertain to your source(s). Questions about this application or the water withdrawal permitting program may be addressed to the Water Quantity Management Section of the Division of Water at (502) 564-3410.

THIS PAGE TO BE COMPLETED BY **SURFACE WATER APPLICANTS ONLY.**

Source of Water

Location of Intake

County _____

Latitude _____

Longitude _____

Type of Source (check one) Stream _____ Impoundment _____ Spring _____

Name of Water Source _____

Stream Mile (if known) _____

Describe Location if Stream Mile Is Unknown _____

Water Supply Availability

Does this facility have access to records of stream flow? Yes _____ No _____

If yes, how long has flow data been collected? _____

Method or device for recording flow? _____

Describe data records. _____

Impoundment (Complete only if withdrawal is from an impoundment.)

NOTE: If the applicant shown on Page 1 does not own the impoundment, proof of permission to withdraw must be attached to this application.

Name of Impounded Stream (if applicable) _____

Name of Impoundment _____

Approximate Impoundment Volume _____

Name and Address of Impoundment Owner _____

Stream construction permit or dams inventory number (if known) _____ Date Constructed _____

How was volume determined? _____

Impoundment Drainage Area _____

If appearance is important, give maximum amount of drawdown permissible. _____

Withdrawal Statistics

Is pump portable? Yes _____ No _____ Rated Capacity of Pump _____

Provide elevation of each intake structure (in feet above mean sea level) _____

Depth of water over intake at normal pool or average flows _____ (if applicable)

Minimum depth of water (over intake) required for operation _____ (if applicable)

THIS PAGE TO BE COMPLETED BY **GROUNDWATER APPLICANTS ONLY**.

Source of Water

If the water source for this withdrawal is a well or field of wells, complete the following table (attach extra sheets if necessary). Number of wells _____

If the source is a spring, complete **Spring-fed Sources**, page 7.

If the source is not a well or a spring, attach a detailed description of the source and method of withdrawal.

County: _____

Certified Well Driller (if drilled since 1985) _____

| | | | | | |
|--------------------------------------|---------------------------|--|--|--|--|
| Well ID | EXAMPLE Well #1 | | | | |
| Latitude | 37°31'22" N | | | | |
| Longitude | 85°32'19" W | | | | |
| AKGWA # (if known) | 0001-1038 | | | | |
| Status* | A | | | | |
| Existing or Proposed | existing | | | | |
| Well Diameter | 10" | | | | |
| Well Depth | 120' | | | | |
| Casing Depth | 80' | | | | |
| Screened Interval | 80' - 100' | | | | |
| Screen Diameter | 8" | | | | |
| Elevation of Well | 650' | | | | |
| Static Water Level | 60' | | | | |
| Pump Type & Location | submersible | | | | |
| Pump Capacity | 100 gpm | | | | |
| Average Daily Withdrawal | 70,000 gpd | | | | |
| Metered Y/N | yes | | | | |
| Type of Meter | Johnson | | | | |
| Use of Water | heat/cool | | | | |
| Date of Well Construction | June 1996 | | | | |
| Log Available Y/N | yes | | | | |
| Drilling Method | air rotary | | | | |
| Well Development Method | surging | | | | |

*Status: A = Active; I = Inactive; P = Plugged; D = Dry

Spring-Fed Sources

AKGWA # _____ (if known)

Spring Characteristics

County: _____ (if known)

Spring Name: _____

Spring Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Intake Location: Latitude _____ Longitude _____

Describe Intake: _____

Spring Type: Seep _____ Gravity _____ Bluehole (artesian) _____

Is this spring the headwaters of a surface stream? Yes _____ No _____

If yes, what is the name of the stream? _____

Type of flow: Perennial _____ Seasonal _____ Intermittent _____

Spring discharges from: Cave _____ Rock _____ Fracture _____ Soil _____ Alluvium _____

Mine Adit _____ Other _____

Spring discharges into: Stream _____ Pond or Lake _____ Sinkhole _____ Other _____

Name of stream, pond, or lake _____

Average Discharge (in cubic feet per second or gallons per day) _____

How was flow determined? Measured _____ Type of Meter: _____

Estimated _____ Describe Calculations: _____

Have any water (dye) traces been run to this site? Yes _____ No _____

If yes, complete the following.

Name of Person Conducting Trace: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Trace: _____ Trace #: _____

Are there other users of this spring? Yes _____ No _____ If yes, give names, amounts, and type of use:

THIS PAGE IS TO BE COMPLETED BY BOTH **SURFACE AND GROUNDWATER APPLICANTS.**

Other Intakes and Back-up Water Sources

Other water withdrawal permits held by this facility (give water withdrawal permit numbers):

Other, non-permitted intakes (give location and explanation):

Public Water Supply Information (Complete only if the applicant is a public water supplier.)

Number of People Served _____

Number of Connections Served _____

Water Treatment Plant Capacity _____

Current Average Production _____

Finished Water Storage Capability (number, type, and capacity):

List the approximate percentage of water distributed to each of the following:

Residential _____%

Public/Institutional _____%

Industrial _____%

Other _____%

Commercial _____%

Sold to other water suppliers _____%

If water is to be sold to other water systems or suppliers, list them:*

1. _____
Name of Supplier

3. _____
Name of Supplier

Address

Address

Gallons per day Sold

Gallons per day Sold

2. _____
Name of Supplier

4. _____
Name of Supplier

Address

Address

Gallons per day Sold

Gallons per day Sold

If additional water is purchased from other water systems, list them:*

1. _____
Name of Supplier

2. _____
Name of Supplier

Address

Address

Gallons per day Purchased

Gallons per day purchased

Siting

Attach a U.S. Geological Survey 7 1/2 minute quadrangle map, or a legible photocopy of the portion of the map containing this site. USGS maps can be obtained from the Kentucky Geological Survey, 228 Mines and Minerals Resource Building, UK, Lexington, KY, 40506 (phone 859-257-5500). Mark the map with the following information, where available:

- | | |
|---------------------------------|---------------------------------|
| a. Surface intake or wells | e. Wastewater discharge site(s) |
| b. Pumping sites | f. Dams and reservoirs |
| c. Raw water storage facilities | g. Service Boundaries |
| d. Water treatment plants | h. Back-up water supply intakes |

Give name of map quadrangle: _____

Water Transfer from Intake to Discharge

In the area below, sketch and label a map of the proposed water intake(s) and transfer of water at the permit site. (Sketch map may be drawn by hand and/or attached.)

Include the following:

- Location of water intake site(s)
- Location of pump(s) and metering device(s)
- Course and direction of flow at the site (do not show flow inside of buildings)
- Course and amount of water being recycled
- Location of the discharge site(s) and average amount of water being discharged

Water Use Information

Purposes for which the water is to be used:

Major products or services, and production rate (if applicable):

Does this facility have an emergency response plan for drought or other shortage? Yes ____ No ____

If yes, summarize the plan or attach a full description. _____

Storage Information

Raw (untreated) water storage capability, specify storage ponds or tanks and city the capacity of each.

Discharge Information

Discharge to city sewer? Yes ____ No ____

If no, give name of stream receiving discharge. _____

River mile or latitude/longitude. _____ County _____

Average amount of water returned (gallons per day) _____

If this amount varies from average withdrawal, explain why. _____

Method used to estimate discharge rate: _____

Discharge permit numbers: _____

Irrigation Information (Complete only if withdrawal is being used for maintaining grasses or other plants.)

Number of acres being irrigated: _____

The average rate of application (for example, 2 inches per acre per week, May through August):

_____ per _____ per _____, _____ through _____.
Inches or gallons area time (day, week) month month
(circle one)

Ownership Change

Reason for Ownership Change: _____

Print Seller Name

Print Purchaser Name

Signature of Seller

Signature of Purchaser

Reporting of Water Withdrawals

KRS 151.160 requires that permit holders report actual water withdrawals.

Provide the name and address of the contact person to be in charge of reporting actual withdrawals to the Division.

Contact Person

Title

Address

Telephone

How is withdrawal measured? (check one) Meter _____ Other (describe) _____

List the make and model of meter: _____

Age of meter _____ Date of most recent calibration _____

Explain calculations for estimating daily withdrawal amounts. _____

Application Verification

Name of Person or Organizational Representative Requesting Permit

Title

Signature

Date

If application is prepared by a consultant or other person independent of the facility requesting permit, provide contact information below.

Name of consulting company or other organization

Address

Telephone

If approved, who do you wish the permit be mailed to? _____

Consultant

Applicant

Mail completed application to:

**Watershed Management Branch
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601**